

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Paul A. Blowers t al.
TITLE: PRIORITIZED PRESENTATION OF MEDICAL DEVICE EVENTS

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
*EXPRESS No. EV 331 792 943 US, on this 29th day of August, 2003.

Sue McCoy
Printed Name
Signature

00746 U.S. PAT. & TM. OFF.
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08/29/03

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- X Patent Application Transmittal
X Specification:
Total pages: 20 (including claims and abstract: Spec. 12 sheets; Claims 7 sheets; Abstract 1
X Drawings:
Total sheets: 6
☒ formal ☐ informal
☒ Combined Declaration and Power of Attorney:
☒ executed
☐ copy from prior application
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
☐ Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
X Accompanying application parts:
☐ Notification of filing a
☐ Assignment of the Invention to Medtronic, Inc.
☐ Assignment cover sheet
☐ Information Disclosure Statement
☐ PTO Form 1449
☐ Copies of IDS citations
☐ Preliminary Amendment
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
X Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. .
☐ Amend the specification by inserting before the first line the sentence: --This application is a of application Serial No. , filed , now allowed.--
☐ Cancel in this application original claims ____ of the prior application before calculating the filing fee . (At least the original independent claim must be retained for filing purposes.)
☐ Th prior application is assigned of r c rd to Medtronic, Inc.
☐ The Power f Attorney in th pri r application is to: __.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____

X Address all future correspondence to: **Girma Wolde-Michael, Reg. No. 36,724**
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FEE CALCULATION	No. of Claims Filed			No. of Extra Claims	Rate	Fee
	No. of Claims Filed	Claims Included in Base Fee				
Total Claims	44	20	=	24	x 18	432
Independent Claims	6	3	=	3	x 84	252
Multiple Dependent Claims	0			0	+ 280	0
Basic Filing Fee						\$750.00
TOTAL						1434.00

X Charge Deposit Account No. 13-2546 in the amount of **\$1434.00** for the filing fee.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

08/28/03
Date/

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